

# SHARE STATE EMPLOYEE VENDOR REGISTRATION

The form below must be completed and submitted to the Vendor Registration for reimbursement by an employee. Employees must be entered into SHARE as a vendor before they may receive payment.

The form must be **LEGIBLE**. Submit updates to change field office assignment or name changes due to marriage or divorce. Warrants for employees will only be sent to the field office address and not to home address.

## INSTRUCTIONS

1. Enter date of request. (MM-DD-YY)
2. Enter employee name in format of First Name, Middle Initial, and Last Name. (PRINT OR TYPE)
3. Enter the SHARE HCM Employee Identification Number of the employee to be paid. (DO NOT USE EMPLOYEE'S SSN)
4. Enter Name and Mailing Address (either P.O. Box or Street Address but not both) of the employee's office site.
- 4-A. Enter City, State and Zip Code of field office.
5. Mark the appropriate box to indicate if this form is a new form or a change to name or address.
6. \*OPTIONAL Enter Bank Name, Address, Routing number and account number. Check box in which to apply payment (Checking or if other please specify). *Checking account provide copy of voided check.*
7. EMPLOYEE MUST SIGN AND DATE the form to provide (1) confirmation that all the information is correct and (2) to enter the information into SHARE.

### FOR AGENCY USE ONLY

Business Unit Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Point of Contact (POC): \_\_\_\_\_

POC Initials: \_\_\_\_\_ POC Phone #: \_\_\_\_\_

<b>SHARE STATE EMPLOYEE VENDOR CODE REQUEST</b>		1. DATE ____/____/____
2. TYPE OR PRINT FIRST NAME, MIDDLE INITIAL, LAST NAME _____		3. HCM EMPLOYEE ID NUMBER ____/____/____/____/____/____
4. FIELD OFFICE NAME & ADDRESS _____ _____		
4-A. CITY, STATE, ZIP CODE _____ _____	5. THIS FORM IS FOR: ____ NEW ____ CHANGE OF NAME ____ CHANGE OF ADDRESS	
6. * DIRECT DEPOSIT (ACH) BANK NAME: _____ BANK ADDRESS: _____ BRANCH ADDRESS: _____ ROUTING #: _____ Account #: _____ PLEASE CHECK ONE: _____ CHECKING ACCOUNT _____ OTHER _____		
7. I AUTHORIZE DFA TO ENTER THE ABOVE INFORMATION INTO SHARE TO PERMIT REIMBURSEMENT PAYMENTS TO ME. SIGNATURE: _____ DATE: ____/____/____		
DO NOT USE THIS FORM TO UPDATE PAYROLL INFORMATION. USE THIS FORM ONLY TO UPDATE VENDOR INFORMATION AT DFA. CONTACT YOUR PAYROLL SECTION TO MAKE PAYROLL CHANGES.		Department of Finance & Administration Financial Control Division PO Box 25116 Santa Fe, New Mexico 87501 Phone: 505-827-5071 Fax 505-827-3692